



**MARICOPA COUNTY DEPARTMENT OF TRANSPORTATION
RIGHT OF WAY DIVISION**

2801 W. Durango Street

Phoenix, AZ 85009

Phone: (602) 506-2914 Fax: (602) 506-4161

ROADWAY ABANDONMENT APPLICATION

Name: _____

Mailing _____

Address: _____

City: _____, Arizona ZIP: _____

Daytime _____

Telephone () FAX NO. ()

Assessor's _____

Parcel Number _____

1. Location of Request: (ex: 3200 W. Dove Valley Road, Phoenix):

2. Description of Request: (ex: Abandonment of 30' of Right-of-Way bordering
the South side of parcel ____ - ____ - ____)

3. Comments/Special Requirements:

4. Attach a copy of your warranty deed and legal description.

5. Please List any known utilities located in the requested abandonment area:

6. Attach and include any other information deemed necessary.
(ex. Legal Description, etc.)

Fee Per Alignment: **\$250.00** Total Received # _____ Date: _____

Rec'd By: _____

Signature of Applicant* _____

_____ Date

*Applicant is required to be the current owner of the described property.

(Or legally authorized to represent the owner, proof must be submitted with this form)